

Application Data Sheet

Application Information

Application number:	10/520,965
Filing Date:	
Application Type:	Regular
Subject Matter:	Utility
Suggested Classification:	
Suggested Group Art Unit:	
CD-ROM or CD-R:	None
Number of CD Disks:	
Number of copies of CDs:	
Sequence Submission?	
Computer Readable Form (CRF)?	
Number of Copies of CRF:	
Title:	A FORCE SENSOR SYSTEM FOR USE IN MONITORING WEIGHT BEARING
Attorney Docket Number:	AMDL-0050
Request for Early Publication:	No
Request for Non-Publication:	No
Suggested Drawing Figure:	n/a
Total Drawing Sheets:	9
Small Entity?:	Yes
Latin name:	
Variety denomination name:	
Petition included?:	No
Petition Type:	
Licensed US Govt. Agency:	
Contract or Grant Numbers:	
Secrecy Order in Parent Appl.?:	No

Applicant Information

Applicant Authority Type: Inventor
Primary Citizenship Country: Israel
Status: Full Capacity
Given Name: Arik
Middle Name:
Family Name: Avni
Name Suffix:
City of Residence: Meitar
State or Province of Residence:
Country of Residence: Israel
Street of mailing address: 76 Yatir Road
City of mailing address: Meitar
State or Province of mailing address:
Country of mailing address: Israel
Postal or Zip Code of mailing address: 85025

Applicant Authority Type: Inventor
Primary Citizenship Country: Israel
Status: Full Capacity
Given Name: Lior
Middle Name:
Family Name: Bar-Nes
Name Suffix:
City of Residence: Lehavim
State or Province of Residence:
Country of Residence: Israel
Street of mailing address: 5 Rakefet Street
City of mailing address: Lehavim
State or Province of mailing address:
Country of mailing address: Israel
Postal or Zip Code of mailing address: 85338

Applicant Authority Type: Inventor
Primary Citizenship Country: Israel
Status: Full Capacity
Given Name: Ronit
Middle Name:
Family Name: Frideman
Name Suffix:
City of Residence: Lehavim
State or Province of Residence:
Country of Residence: Israel
Street of mailing address: 27 Lilit Street
City of mailing address: Lehavim
State or Province of mailing address:
Country of mailing address: Israel
Postal or Zip Code of mailing address: 85338

Correspondence Information

Correspondence Customer No.: 23377
Name:
Street of Mailing Address:
City of Mailing Address:
State or Province of Mailing Address:
Country of Mailing Address:
Postal or Zip Code of Mailing Address:
Phone number:
Fax number:

Representative Information

Representative Customer No.: 23377

Domestic Priority Information

Application:	Continuity Type:	Parent Application:	Parent Filing Date:
This is	An application claiming the benefit under 35 USC 119(e)	60/395,127	July 11, 2002

Foreign Priority Information

Country:	Application No.:	Filing Date:	Priority Claimed:
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Assignee Information

Assignee name:	Andante Medical Devices Ltd.
Street of mailing address:	15 Yehoshua Hatsoref Street, P. O. Box 844
City of mailing address:	Beer-Sheva
State or Province of mailing address:	
Country of mailing address:	Israel
Postal or Zip Code of mailing address:	84106